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ABSTRACT

Written especially for grieving mothers whose babies have died, this booklet offers an overview of stages and experiences through which bereaved parents commonly pass. Specifically, the text is intended to give comfort to bereaved parents, offer insight into the grieving process, and provide thoughts on leave-taking ceremonies. The first section describes three stages of the grief process: shock and disbelief, suffering, and recovery. The second section, designed for mothers to read while still in the hospital, is designed to help parents make necessary decisions relating to memorial services and to resume routines upon returning home. The third section describes some of the problems mothers, fathers, the husband-and-wife pair, and siblings may encounter months after the traumatic event. The last section discusses bereavement and sexual intimacy, starting another pregnancy, and adoption after a baby dies. (RH)

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WHEN A BABY DIES

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Dedicated to

Scot, Lyanna, Mary Rose,
Maggie, Gretchen, Deborah and
those too young to name.

Foreword

This book was written not to give you answers but to give you some insight into the grieving process, to give you some thoughts on leave-taking ceremonies and to let you know you are not alone. It was written by those who have personally experienced the death of an infant and who know the pain and heartbreak that comes with it. The contributors are listed alphabetically following the conclusion. In this book you will probably find concepts you have never had to think about until a short time ago. As Compassionate Friends we are making this information available to you. We hope you will find it helpful.

The Compassionate Friends is a self-help organization offering friendship and understanding to bereaved parents. Most chapters have monthly discussion groups, telephone friends, a lending library, and a chapter newsletter. To learn more about Compassionate Friends or to find a chapter in your area you may write or call:

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WHEN A BABY DIES

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INTRODUCTION

The death of your baby has made a hole in the fabric of your life. This little booklet has been written in the hopes that we, who have experienced a similar loss, can extend to you our love and concern along with some practical help as you deal with the sting and rocky days and months ahead. In your journey through the process of grief, and your struggle to come to grips with your loss, may we walk with you? You are not alone. This booklet is an overview of stages and experiences that are common to many parents whose babies have died. If you do not go through a particular stage of grief, or if you find yourself not sharing a certain point of difficulty, that is okay, too. Please accept this booklet, not as a map for your journey, for everyone's journey is different, but rather as a collection of signposts and landmarks along the way.

I

"I FEEL SO EMPTY! HOW CAN I GO ON?"

The Grief Response

Your physical and emotional emptiness is real. When a child has died, parents often ask, "How can I go on living?" "Will there ever be joy in living again when a part of me has died?" A parent feels that there is no valid reason for anything. Everything—right-wrong, life-death, merges into a single blob with no meaning or significance whatsoever. You may or may not share these feelings, but be assured that doubts and confusion are common—and normal.

The intensity of the pain you feel with the death of your baby can perhaps be lessened by your understanding of what grief is and your knowing reactions that are often experienced by other parents. Although there are many books written about grief, and many ways to describe the process, authors seem to agree that grief tends to follow a pattern. In simplest terms the progression includes SHOCK AND DISBELIEF, SUFFERING and RECOVERY. The progression itself, however, is not simple. One step forward, two steps back describes many parents' journeys. You may wander and sidetrack. Above all, you will need patience with yourself and others. Along the way you may recognize some of the following characteristics as part of your experience:

SHOCK AND DISBELIEF is nature's way of protecting us from an overwhelming occurrence. It could be described as a form of anesthesia, or retreat, or a means of holding together for the time being. Commonly your emotions seem to be frozen and events seem unreal. It may last for only a few minutes, or for a few hours, days or even weeks. Simple statements like, "Oh, no!" or "It must be a mistake!" or "It can't be—not my baby!" are examples of our first reaction of disbelief. Some parents describe their experience at the wake or funeral as "being an observer" or "not really emotionally involved." This too is a kind of reaction common to persons in SHOCK. Periods of shock may come and go, especially in the very early days and weeks of your grief. An emotional release, usually crying, marks the end of such a period.

SUFFERING begins when the painful reality of what has happened comes crashing down. Panic may set in as we grind through all of our emotional gears in a desperate attempt to find some structure of stability which will restore a sense of order. You may find that the simplest decisions seem impossible. To concentrate or to follow through on anything may become an overwhelming effort. Duties become mechanical. Feelings of utter depression and loneliness come and go and with them the feeling that it would make little difference if we lived or died. Personal appearance loses its importance for some. Commonly there are worries that one may be becoming mentally ill. For most, thoughts of the baby fill every moment of the day at first. Aching arms and phantom crying, a very disturbing occurrence, are common among women who have lost infants. You may experience loss of appetite or a craving for food. Despite deep weariness and utter exhaustion, restlessness and insomnia may occur. Other physical symptoms may include shortness of breath, palpitations, sighing and nausea.

At other times our grief brings feelings of guilt, anger and resentment. "What did I do wrong?" "Will I ever have a normal baby?" "Why? Why? Why?" You may find yourself experiencing regrets about what was done or what was left undone by yourself or others. Hostility may be directed outward toward your spouse, an institution, doctor or nurse. Anger might be directed toward

one's friends and contemporaries who have not experienced such a loss, or against God. When faced with a happy pregnant mother or a family whose newborn infant is alive and healthy, you may find yourself in a struggle with an indescribable combination of resentment, anger, wishful thinking and guilt. If we deny our anger toward others, or feel that we should not have those horrible thoughts, that anger can be turned inward on ourselves and cause bitterness and deep depression. So accept what you feel as valid, and work with those feelings honestly.

RECOVERY is a period of reinvestment into life, and of deepening old relationships and developing new ones. The acute pain and suffering will mellow. You will again be efficient in your work, be able to give to others and indeed be able to enjoy life. Recovery is such a slow, barely perceptible occurrence that you may become impatient and frustrated with yourself, feeling depressed and wondering if it will ever happen. Be patient. Bereavement often lasts from one to two years before full recovery is reached, or it may take longer. You may see slight glimpses of recovery early in the complex grieving process, only to become lost again in suffering. And you will probably have moments of suffering once you have reached recovery. Holidays, anniversaries of birth and death or new losses may recall very vividly your baby's death and the pain of it.

II

"WHY CAN'T THE WORLD JUST STOP FOR AWHILE?"

Decisions That Must Be Faced Now

(A section written especially for you to read while you are still in the hospital)

It would be so nice if the world could just stop while you recover . . . while you try to learn how to cope with the terrible, overwhelming reality of your baby's death. But hospital routine goes on. Your room gets cleaned. Announcements come over the public address system and someone expects you to decide what you want for lunch. Someone else wants to know if it's alright to move the flowers from your dresser to the table so she can see TV better . . . and will you be wanting TV for the next three days?

It would be nice if everyone would leave you alone and stop bothering you with questions, questions, questions. However, there are some questions that you really do have to answer. There are a few decisions that will not wait, about things that you do not want to think about now—or ever. This section will ask some of these questions for you. It deals with painful, harsh reality that has to be faced. Our hope is that the information in this section will help you to sort out your thoughts and feelings at this critical time of decision-making.

One decision you need to make now is whether you want to see your baby. Underneath that decision may lie the questions "Can we?" and "Should we?" The experiences of others indicate that most who choose to see their baby are glad they did. While there are no short cuts to "getting over" the pain of your baby's death, many parents have felt that seeing their baby in the hospital and/or as a part of a funeral service later helped them heal more easily and more completely. It is a difficult decision to make, however. Each parent will feel very differently, and it is normal that those feelings waver back and forth. Don't be afraid of your feelings and their changes, and don't make your decision according to what you think you "should" do or are "expected" to do. Keep your choices open. Ask the hospital and funeral director to proceed as though you planned to see the baby, if not now, as part of a service later. If you wish to see your baby in the hospital, you need to be prepared for changes that occur naturally with death. Ask a nurse or your doctor to discuss these changes with you so that you know what to expect.

It is important for you to know that you *can* have a funeral for your baby. The decision you need to make now is whether you want some kind of service. Funeral services for infants are usually very personal events which can be made special for you and your family according to what would be most meaningful for you. If you don't know where to start, a sensitive clergyman, funeral director or a member of Compassionate Friends can help you sort out your thoughts. In most circumstances there is no reason why the service cannot be delayed until you are able to leave the hospital to attend. If, for some reason, it is impossible for you to attend, there are other options open to you which are discussed in the next section. Some parents feel that a funeral for a baby is inappropriate for them, and choose some other way to remember.

If you plan to see your baby as part of a service, this is most easily done at the funeral home. Planning a special time just for parents can be deeply helpful in releasing many anxieties. Talking over hopes and dreams of both past and future, and discovering how the baby's tiny features are like your own can be comforting. Later, inviting grandparents and your other children (if

any) can be equally helpful for them. Never force children to participate in the viewing, but give them opportunity to participate in the family experience in some way. The shared experience of seeing your baby with grandparents and other relatives helps them to express their own feelings of sorrow, helps them to be more understanding of your feelings in the weeks to come, and to make your baby a real person to those who otherwise never knew or saw your child before.

Sometimes, due to circumstances of death, or because of personal choice, a viewing is not included in the service. Whether or not there is a personal period of seeing and sharing together, a brief meditation may be given. Some religions or denominations have specially prescribed services for infants while others create services differently each time to meet the needs of the situation. Whether in a church, the hospital chapel, the funeral home or within your own living room, a great deal of personal and spiritual comfort can come from a meaningful service for your baby.

Many parents find it helpful to know something about how their baby will be prepared for a funeral. Embalming allows the funeral director, in most cases, to delay your baby's funeral service safely for a reasonable length of time and still allow you the choice of seeing the baby again. Occasionally there may be the need for a surgical procedure to be done to determine the cause of your baby's death. It is called an autopsy, which is done with your permission by a pathologist. When the autopsy is finished, the funeral director proceeds in preparing the baby in much the same manner as he normally would, and you can still plan to see your baby. Be sure to tell the hospital and the funeral director if it is your intent to see the baby afterwards so that they may proceed on a schedule that will allow this as soon as possible.

You may dress your baby in any way you wish. A newborn christening gown or similar clothing has been used by many parents. Some parents find it meaningful to help dress or to cover the baby themselves with a tiny blanket. Let your funeral director know how you feel. If you are going to help, he should spend some time explaining how it is done and how the baby will feel to

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you. You may want to consider placing a keepsake, doll, or other article in the baby's casket, or perhaps in the baby's hand. This could be a very meaningful way for your other children to share in the family experience and perhaps give something of themselves in token of their feelings.

Infants, like adults, may be either buried, cremated, or placed in a mausoleum. A committal service, either at the grave or in the cemetery chapel is usually planned regardless of whether you choose to see the baby at the funeral home. Some parents choose to have an active part of this service. Once again, the decision to be involved is a very personal one. If no one offers, and you feel you want to be involved, do not be afraid to ask. If cremation is your choice, funeral services with the body may also be held first. The cremated remains are then buried or dispersed according to your wishes within state and local law. Of the alternatives, only the cremation process cannot later be reversed if you should change your mind.

The cost of a funeral service for your baby will naturally depend somewhat on the type of arrangements you choose. Variables in cost from state to state and between rural and urban areas make "average" cost figures of limited value. Any reputable funeral director should be willing to discuss his fees with you in simple, straightforward language. Many, in fact, conduct infant services at or near their own costs. Don't be afraid to ask your funeral director about costs. Most parents are relieved to discover it is less than they thought.

Personal involvement in your baby's funeral can be very significant to you. It is often the little things that only you as parents know about, which can make the service helpful and meaningful. You might want to write a part of the baby's funeral service yourself or tape what is said. Perhaps you will want a lock of hair or even a photograph to remember the baby by. You may ask the hospital or funeral director for your baby's arm band. Although a legal birth certificate may not always be filed, you can usually request a hospital certificate with the baby's foot and/or hand prints.

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If you do not have a funeral service, either by choice or by circumstance, there are any number of possibilities to express your feelings in other, very personal ways at a later date. Don't hesitate to explore them and ask for help. Competent, sensitive professionals and members of Compassionate Friends who have shared your same sorrow are always willing to help.

Memorial Options

For some, a big step in resolving the terrible grief of a child's death is in the memorialization of that child. This can begin immediately as you prepare for a funeral, a memorial service, a special place in the cemetery—but it needn't stop there. If you are fortunate enough to have a picture, it will always be very special to you whether you place it prominently on display or choose to put it away for the time being.

The very word *memorialize* means to commit to memory. We become angry when other people seem to forget we ever had this child; we get madder still when they suggest that we try to forget. We want the child remembered. But on the other side of the coin, there is a sense of perspective, of putting the child who is now of the past with things of the past. If that sounds cruel, it is not meant that way. The fact is that the baby who dies remains a baby forever in our minds—never grows, never changes. Our memory of that child is permanent, engraved. And that, too, is a memorial.

It would seem obvious that soon after the funeral or later, if that is more comfortable, the family might want to purchase a beautiful gravestone or perhaps a little marble lamb for the grave. Unfortunately, if the cemetery uses an anonymous plot in its infant section, many parents have no way of knowing where their baby is. While parents who did not understand this at the outset go through a particular kind of agony later, there are many things they can do. If there was no funeral or service at the time of the baby's death, whether by the parents' choice or not, some parents later decide that something more needs to be done in order to complete things. They may have a memorial service at home at any time after the baby's death. In fact the later date may be

somewhat more sensible because the mother can now attend, while she might have been in the hospital at the time of the actual burial. If the parents have a yard, a small garden may be set aside with a special flower, or a tree may be planted in memory of the child. Memorial gifts of books to the public library, hymnals to the family church, etc., are marked with "In Memory Of" with the child's name. Memorials come in all sizes. On a smaller scale, you might donate your baby's crib to the church nursery. On a slightly larger scale, you might donate the money for the whole nursery. You may make a scrapbook of special poems that hold a very special meaning for you, or you may write your own. One woman, still suffering the grief and the unnecessary added hurt of some unkind people, says angrily, "Just wait till I write my book." This is not so much a memorial as a piece of therapy for her, it is therapeutic, if it helps her.

Sometimes the mother of a dead baby has been made to feel like an outsider by people with good, but misdirected, intentions. They have taken charge of funeral arrangements in order to "spare" her the ordeal. The mother may feel so completely left out that she never is able to cope with her grief adequately nor with any finality.

The importance of dealing with grief has, at long last, been recognized and that is why there are support groups and why many hospitals now have special people delegated to spend time with the grieving parents. In the end, it is to be hoped that a parent will be able to look back on the saddest event possible and at least feel no lingering guilt, no regrets. This is grief resolved and there is no perfect length of time for this.

If you are bothered and upset at something which now seems as final as death itself—such as the name you gave the baby, or the burial site you chose—remember that seldom are these things so final that they are impossible to change. It may not be easy and it may take a while, but if it is what you feel you need to do to make things right, then make the change. Names have been changed on death certificates, and burial sites are changed sometimes. If a family decides another cemetery is more suitable, a body can be moved.

There are many other ways to memorialize your child. The point is that you have the right and the freedom to choose your way, whether it be one of those mentioned or a unique and more personal way. You have suffered the most painful loss a parent can know. You need to heal that wound in whatever ways work for you.

Physical Recovery

Sometimes when a baby is stillborn or when the baby lives only a short time in the hospital after delivery, the mother's physical condition is nevertheless good and her doctor lets her go home as early as any other mother—or perhaps lets her go much earlier in order to get her away from the other, happier mothers and their babies and all the reminders of what has happened. The mother wants to be at home with her husband, family, and maybe a close friend or two. Unfortunately, with no baby to set the routine, the mother may too easily forget the care of herself that was so important when she was a pregnant, and perhaps for a while, a nursing mother. The usual course of events finds the mother very hungry because she has been through a kind of athletic endeavor. Then, if she is nursing her baby, her voracious appetite keeps her "eating for two," thereby keeping up her energy level during the healing time. But grief, normal grief, may deprive a person of the ability to eat or sleep.

A new mother who forgets her physical needs has to be reminded even coaxed—to eat. Good, sound nutrition is always preferable, but practically something is better than nothing, which is why it is good for family and friends to bring anything, even cake or cookies when there's been a death in the family. Such foods are high in calories and slide down almost unnoticed. The mother may honestly not care whether she lives beyond the loss of her baby. She may even feel angry at those who think she could eat anything at a time like this. This is a normal reaction, but she owes it to herself to take care of herself. In fact, she should be encouraged to pamper herself. She has been through two kinds of trauma—one physical, and one emotional—both taxing. She needs to recover her strength more than other mothers in order to maintain her physical and mental health.

There is one problem for which you may be totally unprepared. You may be shocked to find that, several days after birth, you have painfully swollen breasts and no idea what to do. Engorgement is a heartbreaking, painful reminder of the baby you have lost when you might rather forget. It is not easy to cope with emotionally. But it will not last long—a few days at the most. If engorgement happens to you, do not hesitate to ask advice from your doctor, hospital nurses or friends. If your area has a local chapter of La Leche League, you can get helpful suggestions from one of their members.

People often tell the newly bereaved to "keep busy," but you must remember to avoid fatigue. Even though you may feel strong, heavy exercise or mammoth housecleaning projects are best left until a later date. Taking walks, window shopping, planning a trip, going out with friends, having friends in (as long as you don't tire yourself by trying to "entertain"), or pursuing a new hobby can be good for you, both physically and emotionally. But don't expect too much of any of these distractions. In spite of what people tell you, nothing keeps your mind occupied so completely that you can really forget your grief—or your baby. The terrible fact of the baby's death remains a fact and your aching arms remain empty. But many of us have known this kind of pain and want you to know that we have survived. You can, too.

Decisions About The Baby Things

If no one has taken the nursery apart before you get home, if no one offers to do it, and if you do not feel like doing it—don't. And do not worry that this is somehow wrong or abnormal. Some day, weeks after your baby's death, you may decide that it is time to go into the room and change some things. Even then, if you have trouble taking the first step, you might ask a friend or relative—someone who is likely to be understanding—either to help you, or simply to do it for you. Try to avoid hasty decisions that you might regret later, such as giving everything away. Nor is there anything to worry about if you decide to leave everything as it is until the next baby arrives. Only you can or should make such decisions.

When a bereaved new mother arrives home from the hospital, she may find that someone else has taken the baby clothes out of the nursery—maybe even put the furniture in the attic or painted the room and turned it into a sewing room or den! When she left home only a few days before, she was pregnant. Many things in her home remind her of what she was doing and about whom she was thinking and planning so recently, but there is no baby. And now the room she had so lovingly prepared is gone without a trace. Is it any wonder that she feels topsy-turvy and doubts her sanity?

When an older person dies—perhaps a grandparent—you may choose to put away some of the pictures if they make you sad, but you may still have some belongings or gifts from that person to remind you from time to time of happy times together. When a baby dies all too often there is a total absence of pictures or other mementos. When you begin to go through the baby things you may find some special little outfit or toy that you once chose in happy expectation. Even if you are giving away much of the clothing you may want to keep this one item, not so much with the intention of using it for a later baby as just a reminder of this little one.

"Baby Blues"

It hardly seems necessary to say that the mother who loses her baby is a prime candidate for the "baby blues." Mothers of healthy, living babies have the "blues" (periods during the day, or whole days, when they feel totally inadequate or think, "I shouldn't have had a baby. What do I know about baby care? . . . etc.") These feelings are greatly compounded and complicated if the baby dies. Then the mother may try to convince herself (and may succeed) that she is a failure. Many parents feel guilty over the death of a child for no logical reason except that they think that there was something they "should" have done to prevent it. These feelings are unreasonable, usually groundless, and yet persistent.

The solutions for the "blues" vary from person to person. But while the mother who has a baby may be able to perk up by taking

the child for a walk on a nice day, or in some other way distract herself from the emotional storm she is going through, the mother who now has lost her baby may hate the thought of going out, turning on the TV, or even picking up a magazine for fear of seeing babies. Unfortunately, short of becoming hermits, we are not likely to be able to reorganize our lives so that we never see another baby again. We can decide not to read women's magazines only to see a picture in a newspaper that makes us cry! The *unexpected* will have a way of happening. Some of us found that just being out in the world where other people had babies did not bother us as much as we had feared, because we felt that none of the other babies we saw ever looked as lovely as our own would have. Others find it extremely painful. The resulting anger sometimes produces guilt feelings because we think, "nice people don't think that way." But it is natural, normal and acceptable to be angry about your loss.

Facing The World Again

When you start getting out of the house, it can seem that every place you go, everywhere you look, there are families, babies and pregnant women. It can seem as if they are following you. Of course this is not true, but you are so sensitized, you cannot help but focus on them. Prior to your baby's death you might not have noticed their presence. But now you may find yourself unable to go down an aisle in the grocery store if you see a baby there. You may find it difficult to be with friends or relatives who are expecting or who have infants. You may have been planning for your expected babies together and it can hurt to face their obvious happiness. We have all experienced these various feelings in one way or another. Most women who have experienced stillbirth or other early loss of a baby also admit to having strong feelings of jealousy when in the presence of expectant mothers. If they are close friends or relatives, you may be able to help them understand your feelings. If not, you can only do your best to make contact as little as possible until you feel you can handle it.

A number of parents who have had the opportunity to attend informal self-help groups, such as The Compassionate Friends,

find that they begin to feel encouraged by the sight of their new friends as they proceed through a "next" pregnancy. Indeed, the arrival of healthy babies is greeted with the joy that could be shared only by those who had also shared the parents' grief.

III

"WHERE DO I GO FROM HERE?"

The Mother

You have had your postpartum checkup and your doctor says that you are physically healed. Where do you go from here? Physically healed, but far from that emotionally, you may wonder how you can think about reinvesting yourself or beginning to reintegrate into the world. If your baby was your first, it is likely that you have resigned from your position or have taken an extended leave in preparation for motherhood. Now, no longer employed and not a mother, "What am I?" and "What is my purpose?" are common questions that many women in this situation ask themselves.

If you have other children at home, you may find yourself short of patience. As much as you love and are thankful for them, your emotional reserves run low. Whatever your particular circumstances, it is important to pace yourself and to know what you can and cannot handle. Decisions can be difficult to make during this early part of grief. You will probably find it difficult to concentrate on anything because you are using most of your emotional energy to grieve and there is little left over for anything else.

Nevertheless, it is important that you consider doing something different. Although a new activity will not stop you from thinking about your baby, many parents have found it helpful not to stay home alone. It is better to have an interest available to help you focus on something other than your baby, even if initially it is only for short periods of time. If you cannot or do not wish to return to your old job, there are other options open. You can work for a temporary employment service or volunteer your time. Also, you could consider taking some classes. A class in body conditioning, for instance, could be an outlet for you. If you choose something that does not work out, you can always change.

If you choose to return to your old job, you will have to be prepared for the reactions of your co-workers. You may hear remarks such as, "It's better this way," or "You can have another baby," or "You look terrific!" Other people will totally ignore the fact that you were ever pregnant or had a baby. Some people just do not know what to say, or do not understand the grief you feel.

Whichever route you choose, whether it be a new job, your old job, or some other activity, it will be difficult at first. Many of us have found that coffee breaks or washroom breaks were an opportunity to have quiet time by ourselves, where we could cry if we wanted to, or where we could just sit and think and then pull ourselves together to go back to our task. You may find it difficult to deal with all the people whose lives are not in upheaval as yours is. You may feel some anger and impatience with all the small talk you will hear, and with all the complaints about things that you now consider trivial and unimportant. How can people complain about insurance payments or gossip when your baby has died! Don't they realize what is important in life? While you are simply trying to get through each day, it is hard to realize that others have not experienced the loss you have.

It may be a scary and most likely a difficult step to begin to reenter the world. Rather than being at home caring for a new baby as you had planned, you are at work, at school or in a volunteer capacity. It is a time when you are forced to face again the reality of your baby's death. This will cause you to feel anger and sadness. "I'm not supposed to be here, I'm supposed to be with my

baby!" It takes time to accept your new situation. Be patient, you will gradually adapt.

The Father

"How is your wife doing?" is a question many will ask you, overlooking the fact that you, too, have experienced a loss. If most people are not able to understand the grief experienced by a woman who loses her baby, they are even less able to appreciate the grief that a man experiences.

It is important for you, as a man, to know that you have the *right* to grieve, since it was your child too. It is unrealistic to expect a father to forget the loss of his child simply because he was not the one carrying the baby. You, too, have invested your hopes for the future in this baby. You, too, planned to alter your life with the addition of this child to your family. The father often does not have a person he can cry with, as does the mother. Since it is considered more "acceptable" for a woman to cry or show strong feelings with her friends, many men may be lacking an important outlet. Crying, however, is not a sign of male "weakness" but rather a sign that you are in touch with your inner feelings.

We have heard from many men that they either have felt left out of the grieving process or have found it difficult to deal with the grief they feel. Often they are expected to return to work as if nothing has happened. Some men, unable or unwilling to let their grief surface, become virtual workaholics to help them forget. Others find the pressures of their job almost unbearable due to their inability to concentrate while grieving. Some men feel that they must "be strong" in an attempt to protect their partner and so they repress their own grief. But unfortunately, no one, not even you, can protect the mother from the grief she will feel. You both must allow yourselves to feel and express your own grief fully before it can be resolved.

The Couple

When a couple loses a baby, added stress is automatically placed on the marriage relationship. In our society of small

nuclear families, often there are not other close family members or friends available for support. Therefore, some couples mistakenly expect, as do other persons in the community, that each should give the other all the support needed, and become angry when this does not happen. In reality, when a couple is grieving, neither can consistently have the emotional strength to fill the needs of the other.

Two people, no matter how close, will grieve in different ways. Their ups and downs will not always coincide. One partner may need to talk about the baby's death frequently, while the other may not. When, in time, one partner has a good day, the other may feel resentful, or believe that the partner no longer grieves for their baby. One may feel that showing grief is not "strong." Meanwhile, the other may be upset, feeling alone. If not understood, different ways of expressing grief can become powerfully divisive in a marriage relationship.

Because so much emotional energy is directed toward dealing with grief, there is not often a lot of that emotional energy left to deal with everyday problems. Small things that normally would be overlooked can cause a person to become enraged or depressed; there can be added bickering. Frustration and anger over the baby's death sometimes is transferred to the marriage partner simply because he/she happens to be the closest person.

Escape from the pain of loss and/or from resultant marital conflict may seem the answer to some. This escape may be in the form of overwork, alcohol, drugs, or even divorce. If a couple is aware of the possible problems that may occur during grief, it may be easier for them to understand each other and the difficulties each may be experiencing and then to face those difficulties together. Challenging though it may be, it is important to keep the lines of communication open, and not to let your grief completely carry you apart from one another.

The Brother and Sisters

When a couple already has children, and then experiences the death of a baby, they have to deal with their own grief and with the grief of their living children as well. Often children never

have the opportunity to see the baby, and it is hard to separate from a brother or sister one has never met. Children can feel very alone in their grief just as their parents can. Unfortunately, the first reaction of most adults is to try to protect a child by denying loss and grief rather than to try to help them work it through. Even a small child can understand the sadness their parents feel, and it is important that children of any age be a part of the family experience of grief. Otherwise, they may sense that they are being rejected because of something they did wrong. The whole family prepares for the baby's birth, and it is the whole family that must rebuild after the baby's death.

Children under the age of five or six years can feel very confused. They know that their mother was pregnant and that there have been preparations to have a new baby. Since small children do not deal in abstract concepts, they do not really have an understanding of death as a permanent thing. A parent can help by talking about plants that die or discussing the death of a pet if this has happened. It is important not to talk about being dead as the same as being asleep since this may cause the child to fear going to sleep. You can tell them that death means not being able to see the person anymore. Be sure to stress that death is permanent in a physical sense, but that they can still have their feelings for the baby. Young children strongly believe in their fantasies. If they have wished at any time that they were not going to have a brother or sister, their magical thinking can cause them to feel guilt when the baby dies. Stress the fact that no one in the family caused the baby to die, and that it could not have been prevented by any member of the family. Let them know that the baby's death has made you very sad, but that you still love them very much.

Older children already understand the concept of death as being permanent. They are more aware of what it would have meant to have a new brother or sister. They had an investment in the baby even before its birth just as you did, although in a different way. They had begun to prepare mentally for the changes the new baby would make in their lives and in the lives of the whole family. As with younger children, they, too, might have wished at some

time that they were not going to have a new brother or sister. If they have felt any negative feelings, they may now feel guilty for having had these thoughts, or they may feel anger toward the baby for having caused so much pain for their family. Most important, keep the lines of communication open. Your older children have many different feelings during their grief, as you do. They need to know that they can talk about these feelings openly, and, just like younger children, they need your reassurance.

It is very easy to underestimate children's grief. They fool us. They cry a little and then run off to play. Adults say, "Look how easily children forget," misinterpreting a short attention span for grief length and depth. To assume that children grieve in proportion to their body size is easy. But look at the will of a little child. There is a full-sized will in a tiny body. So, too, a small child has a full-sized ability to feel, and one who has suffered a primary grief never forgets. The difference is that children may not have enough words or the right words for their grief, and they may not know how to respond to the feelings they have. Often children fear the strength of their grief. Children also fool us in the way they react—very unlike the way adults expect they should. Weeping and depression are typical middle-aged, adult reactions. The elderly are more likely to react with physical symptoms—failures, illnesses, etc. Because crying is catching, children cry. But they usually react through behavior—either acting out, withdrawing or repressing the painful events. When adults grieve, they want care for their inner hurt selves. Children are no different. Their toilet training may be lost or they may develop an inability to stay away from the family for any length of time. School phobias, tantrums and general insecurities are common. Whatever behavior your children may exhibit, they need to work through their grief in their own way, and that behavior should be considered normal grief unless it is extreme or prolonged. By watching them in their play, a parent can often see what the child is trying to work through.

You may be so deeply involved with your own overwhelming grief that you are temporarily incapable of giving. Don't feel guil-

ty if you sometimes find it hard to be emotionally available for your children. In the beginning you feel emotionally drained. A special teacher, a counselor or a good friend can be a source of help for you and your children during that period of time. It may be difficult to talk about your baby's death when your children need to talk. Just do the best you can. *You can cry together.* Children are resilient. As long as they are not shut out and they know that you accept their feelings as legitimate and know that you still love them, they will come through the grief, as will you . . . in time.

The Reactions of Others

"It's better this way." "You'll have more children." "Just don't think about it." These are some of the statements you may hear from friends and relatives and it is natural for you to feel angry toward those who say these seemingly insensitive things. How can anyone say that it is better that your child died? Some people may not say anything at all about your baby's death, under the misconception that if they do not bring it up, you will not think about it either. They do not mean to be insensitive or unfeeling. They usually are trying in their own way to make you feel better, but simply cannot understand the depth of loss you are feeling.

You may also find people offering all kinds of unsolicited advice. "Put all the baby clothes away." "Get pregnant right away." "Don't get pregnant." "Find a new apartment." etc. Again, no matter how well-meaning people are, you must do what is comfortable for you. Since you may be very vulnerable now, it could be easy to allow someone to tell you what to do. Unfortunately, no one can tell you how to handle your grief. There is no "best" or "right" way to get over your loss and there are no easy solutions nor magic words to make the pain disappear before its time. Most of all it is important that you realize that your feelings are legitimate. Do not allow well-meaning but unknowing people to tell you what to feel or how to act.

There may be a time, especially when your grief is raw, when you want to be selective in your companionship. You will not

have a lot of emotional energy to deal with those who make it harder for you to do what you feel is best for you at this time. There is nothing wrong with protecting yourself against unnecessary stress. A combination of helplessness, discomfort and guilt may cause some of your friends to drift away. For fear of upsetting you, they may not talk about their own children. They may begin to avoid you, feeling guilty that they have what you painfully cherish. Because you value your friendships you may find that eventually you will need to take some initiative to tell them, "Yes, we hurt, but we value your friendship," and "It's okay that you have your family." Despite your pain, you may need to ask how their children are. This simple question will break the freeze and give them permission to mention their family. It may, indeed, save an important friendship. Sharing with parents who have also lost children can be especially helpful in working out your particular relationships with others.

Two- to Four-Month Depression

About two to four months after your baby has died, you may begin to feel that you are starting to regain some control of your emotions. But subsequently you may experience depression and frustration over the inability to shake the constant gloom. Most of the people you know have, by this time, pushed the death of your baby to the back of their mind. They don't think about it any more so they assume that you probably do not either. Since most people do not realize how long it takes to go through the grieving process, they may think that you have forgotten the pain you felt when your baby died, and by now you have gotten yourself back together. Because of the opinions of others, many of us question our own feelings. It is not uncommon for us to ask, "Why do I still feel so depressed; I thought I was getting better," or "It's been months and I should feel better by now." It is a time when many fear for their emotional health.

Grieving, however, is a process with peaks and valleys. This process can take one to two years to complete. You will never forget your loss, but as time passes, the valleys will be further apart. Be patient with yourself. It may seem that you will never

feel like a whole person again and that you will never again have a normal life. But you will. Grief is not something that you can just shut off at the end of a given amount of time. We can only rebuild our lives if we allow ourselves the *time* we need to work through our loss . . . *time* to resolve those questions or feelings that can be resolved . . . and *time* to allow us to accept those questions that have no answers.

IV

"WHAT ABOUT ANOTHER BABY?"

Bereavement and Sexual Intimacy

Sexual intimacy is indeed a very private and personal matter. However, the double taboo—sex and death—have to be discussed because just as bereavement destroys, or at least threatens, equilibrium in other areas of our lives, it is likely to do the same in our most intimate relationships. You may be one of the lucky ones who will find comfort, solace and mutual support in intimacy with your mate during bereavement. More commonly, stresses and strains develop, some little, some big, which affect your sexual relationship. We have gathered together a brief review of experiences commonly shared by many bereaved parents so that you can become aware of them, not as insurmountable problems, but as matters which need to be worked through together.

Within sexual intimacy, as in other areas of living, grieving couples find themselves dealing with grief over their baby's death while striving to regain lost equilibrium. Too often bereaved parents feel guilty for having pleasure, or memories of how their

dead child was created may overshadow their union. Fear may be generated by a new pregnancy and its potential consequences. These complex inner feelings often are expressed outwardly by loss of desire, impotency, sobbing and crying during intimacy, or actual physical pain with intercourse. When a baby dies, a woman will sometimes need more than the "traditional" six-week recovery period to become ready for sexual activity. A man's needs are often different, or perhaps the roles are reversed. When these disturbing things occur, the person affected may not even know why and become even more distraught. Misunderstanding and the lack of mutual desire can strain the grieving couple, especially if there is also a lack of verbal communication. Or there may be a desperate desire on the part of one or both partners to become pregnant again as soon as possible. If pregnancy is the goal, thermometers and timing can overtake enjoyment as sex becomes a chore—another common and destructive strain on the couple's entire relationship.

Causes of sexual disharmony are as many and varied as there are personalities. Because of that, nothing is as simple as it appears to be on the surface. Patience and mutual respect are necessary. Shared feelings and encouragement of each other also help. The feelings causing disharmony are not as bizarre and unacceptable as you imagine. Temporary sexual disharmony need not lead to destruction of a mutually satisfying relationship. It has the potential to bring about a deeper, more meaningful understanding of one another, not only in the realm of sexual intimacy, but in other aspects of your total life together.

Starting Another Pregnancy

Along with the self-doubts involved in "baby blues" there may be other kinds of doubts about when or whether to try to have another baby. Some women have been able to state immediately, "I want another baby," and mean it. Others state, just as firmly, "Never again!" And many are, for a long time, just plain numb to this and most other decisions. Only gradually does the shock wear away. It is not unusual to have mixed feelings or to change your mind several times.

Many people worry that parents who have another baby "too soon" after losing one will confuse the two children, subconsciously trying to replace the dead child. Some of us who have been there disagree. The critical point is that there be resolution of the baby's death. We know that we have been pregnant and given birth twice. We know that we have had two children, even though only one of them is living. If, before the baby died, we were talking in terms of "starting a family," why should we not now want to continue our family? Some of your friends may tell you to have another baby as soon as you can, thinking that it will "erase your loss." Again, some of us who have been there disagree. Nothing can erase the impact of the event in our lives, nor the reality of our child as a part of our family. No child can ever replace another.

So there are not hard-and-fast rules about having another child. It is something that you must decide for yourself, providing, of course that your doctor has assured you that your own health is good. You need to be ready, both physically and emotionally. Certainly your next pregnancy will not be easy. You may worry, no matter how unnecessarily or unreasonably, until that next baby is born and you can see for yourself that everything is all right.

Adoption After a Baby Dies

What about adoption? You may find yourself questioning whether or not that might be an answer for you. Do not expect that adoption will mend the tear in the fabric of your life left by the death of your baby. It does not. Any child, biological or adopted, who is thought of as a "replacement" enters a family for the wrong reason. On the other hand, adoption can fill a very empty place in your life and fulfill a need to give your love to a child.

If you consider adoption, your first step is examination of your motives for doing so. Is there a physical inability to have more children biologically? Or is there a genetic factor involved? Do you fear another failure or the emotional pain that would invariably accompany another loss? Is adoption a matter of preference? More than likely your mind will be filled with a mixture

of fears, hopes, anger and frustration. Just as the decision about another pregnancy needs to be weighed carefully, so does the decision about adoption.

One way to help you sort out your thoughts is to attend an adoption inquiry meeting at a private or state agency in your area. It is perfectly appropriate to attend, even early in your bereavement, if you have a desire to do so. At the meeting you will learn about availability, waiting periods, cost and emotional investment. You may also talk to a case worker about any doubts you might have regarding parenthood, biological and/or adoptive.

Be sure to allow yourself time to grieve fully for the baby who has died before you make your decision. Any child, biological or adopted, has the right to be loved for himself and not as a substitute for one who has died. For that reason most agencies require a period of time to pass before you are allowed to apply. The rule can be frustrating, but there is wisdom in it.

There are basically three avenues through which you can adopt: Agency, private, and gray or black market. It can be very tempting to choose the third route when the need for a baby seems overwhelming. But this avenue is illegal, extremely costly and designed to take advantage of desperate people filled with frustrations. There are several ways to work out adoptions privately which are legal. Ask your physician, or work through a reputable lawyer. Agencies can be private (often associated with a religious association) or state regulated. Each has its own policies and procedures. There also are agencies which deal strictly with international adoption services. In general, agencies work closely with couples through the application and interview processes. Agencies also can be a source of support for parents after adoptive placement has occurred.

"Will I love an adopted child as much as I would a biological child?" is a question that bothers many parents. One of the authors has both a biological daughter and an adopted son. She, too, wondered how she and her husband would feel. The only difference between the children is that while there is a prenatal history and a birth to remember about each biological child, these are missing for the adopted child. Otherwise, there is no dif-

ference in quantity or quality of the love felt for them. Your own answer must be worked out within yourself, with your spouse and perhaps with the help of counselors familiar with adoptive couples.

Perhaps you will find that adoption is not right for you, but if you find it to be an acceptable alternative, enter into it thoughtfully, openly and only when the time is right.

CONCLUSION

It is true that your life will never be the same again and your perspective and priorities may change. The hole in the fabric of your life will begin to mend. We extend the hope and encouragement that happiness and normalcy will come to your life again. But first comes your grief—the necessary struggle to face your loss and deal with it. Pretending that death did not happen, forgetting that your baby existed or sweeping your feelings under a rug is not healthy and does not make your pain go away. It only comes back to haunt you and prolong the process. So let grief happen. Feel what you feel, express what you need to express, knowing that your reaction is healthy and normal.

THE CONTRIBUTORS

(in alphabetical order)

Helene Chazin gave birth to a daughter in 1974 who died at the age of 3 days of congenital heart disease. She gave up her career as a teacher in special education of emotionally disturbed children only to find herself in limbo with no role. She is now the mother of two boys and actively involved with the Parents of Infants of the North Shore Chapter in Illinois.

Martha Jo Church, R.N., M.S.N. Parent Education instructor at Chicago Lying-in Hospital 1969-1972, is presently on Pediatric Nursing Staff in Waukegan, Illinois. She experienced a miscarriage in 1971, and a daughter died following open heart surgery at the age of 22 months in 1976. She and her husband, Tom, initiated the North Shore Chapter of The Compassionate Friends in Waukegan, in January of 1977. She has a biological daughter, born in 1971 and an adopted son, born in 1977.

Bruce Conley is a funeral director in Elburn, Illinois. He has been a supporter of The Compassionate Friends from its beginning. In addition to writing articles, he has spoken to professional and community groups and has been actively involved with an annual seminar for bereaved siblings held in Aurora.

Faith Murray Ewald is the mother of nine living children ranging in age from 23 to 1-1/2. In 1975 her three-year-old daughter died as a result of a congenital heart defect. In 1978 the Ewalds had a stillborn daughter. Faith thus has experienced two very different kinds of loss and grief. She tries to let people know that while it is a tremendous comfort to have other children during the painful time of bereavement, it is also a kind of burden, not feeling capable of shouldering their load, so to speak. Faith is very active with the La Leche League as well as with The Compassionate Friends, West Suburban Chapter, where she is a board member.

JoAnne Matzke gave birth to a stillborn daughter in 1976 and has also suffered two miscarriages. She worked at United Air Lines from 1966-1977, the last five years teaching. She has held office twice in the Chicago Chapter of the National Sudden Infant Death Syndrome Foundation. In 1979 she helped coordinate The Compassionate Friends Parents of Infants Group and is a member of the board of directors of the West Suburban Chapter. JoAnne and her husband now have two sons.

Karen McBeath, R.N. is presently on the Labor and Delivery Nursing Staff at Evanston Hospital. In 1974 she experienced the birth of a premature stillborn son. Since then she has also experienced two miscarriages. Ever since her personal tragedy she and her husband, Ken, have met with individual couples. During 1979 Karen and Helene Chazin helped coordinate The Compassionate Friends Parents of Infants group, and in January, 1980, the McBeaths and Chazins initiated the first meeting of a support group for parents of infants in Deerfield, Illinois. The McBeaths now have two daughters.